

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9945	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name JOHN CATALANO P O Box Bldg Room No if any Street 61-04 MAURICE AVE City MASPETH State New York ZIP Code + 4 11378	4 Name file number and address of labor organization Name INT L UNION OF OPERATING ENGINEERS LOCAL 295 Labor Organization File Number 057-476 P O Box Building and Room Number if any Street 61-04 MAURICE AVE City MASPETH State New York ZIP Code + 4 11378
5 Position in labor organization BUSINESS MANAGER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

8/15/05
Date

718-672-7930
Telephone Number

Name of Person Filing JOHN CATALANO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 **9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's nameName Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4 **11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing **12 a** Nature of interest held or income received**12 b** Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 WELFARE FUND

Trade Name if any P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment

ATTENDED VARIOUS MEETINGS WITH CONSULTANTS TRUSTEES AND PROFESSIONALS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND

13 b Is the Business an Employer ☒ or Consultant ☐ ?**14 b** Amount of payment

\$1 329

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 PENSION FUND

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

ATTENDED VARIOUS MEETINGS WITH CONSULTANTS, TRUSTEES AND PROFESSIONALS AS PART OF MY FIDUCIARY RESPONSIBILITIES TO THE TRUST FUND

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$573

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name PENGUIN AIR CONDITIONING CORP

Trade Name if any

P O Box Bldg Room No If any

Street 26 WEST STREET

City BROOKLYN

State New York ZIP Code + 4 11222

14 a Nature of payment.

MEETING WITH EMPLOYER REGARDING PRELIMINARY DISCUSSIONS ABOUT UPCOMING CONTRACT RENEWAL AND GREIVEINCES

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$60

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name IUOE LOCAL 295 WELFARE FUND

Trade Name if any

P O Box Bldg Room No If any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11209

14 a Nature of payment.

EXPENSE REIMBURSEMENT ERRONEOUSLY ISSUED BY THE WELFARE FUND SUBSEQUENTLY REIMBURSED BY THE UNION

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$708

Name of Person Filing JOHN CATALANO

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name 61-02 MAURICE AVE INC

Trade Name if any

P O Box Bldg Room No if any

Street 61-04 MAURICE AVE

City MASPETH

State New York ZIP Code + 4 11378

14 a Nature of payment.

MEETINGS WITH PROFESSIONALS REGARDING NEGOTIAIONS
OF LEASES WITH ATTORNEY AND ACCOUNTANTS13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment.

\$164

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment